

Tipe Koleksi: eArticle- kesehatan

Liver remnant hypertrophy induction – How often do we really use it in the time of computer assisted surgery?

Stavrou GA

Deskripsi Lengkap: <http://lib.uhamka.ac.id/uhamka-1/detail.jsp?id=60972&lokasi=lokal>

Abstrak

Stavrou GA : Purpose: To evaluate the significance of the hypertrophy concept in patients requiring extended liver resections for colorectal metastasis in the time of computer assisted surgery. Methods: Retrospective analysis of patient collective undergoing major liver surgery. 2D CT, 3D CAS with Fraunhofer MeVis Software. Portal vein embolisation (PVE) with the Amplazer Plug, portal vein ligation (PVL) as 1. Stage operative procedure.

Results: 2D CT data identified 29 patients out of 319 (2002-2009) to be at risk for liver failure after resection. After 3D CAS analysis and virtual operation planning, only 7/29 were at true risk and were submitted to portal vein occlusion (PVO).

Another 5 patients were submitted to the hypertrophy concept for intraoperative finding of insufficient parenchyma quality.

In total, 12 patients underwent PVO (6 PVE/6 PVL). 9/12 patients went to stage 2 and were successfully operated. There was no difference in future remnant liver volume (FRLV) gain or waiting time to step 2 between the groups, though survival was better in the PVE group.

Conclusion: PVO is an effective approach if the patient's future remnant liver (FRL) is too small on 2D CT volumetry. 3D CAS has great impact on the analysis of FRL capacity and in augmenting resectability - in our experience only patients with insufficient FRLV on the virtual resection plan have to take the risk of PVO to maintain the chance of liver resection.